

where the very poorest excuse for sanitary control. We see school buildings that are hygienic horrors. We see thousands of children put in jeopardy of health or life by uncontrolled association with fellow children affected with some contagious disease, and like themselves, unexamined at any time. We see others taking on a life's handicap in their early years because of some ocular defect undetected. We see public men living their entire lives not understanding the slightest particle of the ethics of our profession, not understanding us or our work or our aims or objects and having but slight respect for our profession, simply because we do not associate with and explain to them what little of our real position we could so readily make them understand. We see public institutions of town, city and state made political playthings at the expense of the sick and suffering and afflicted. We sit quietly by and permit all these, and many more crimes against our own good sense and the public welfare, and we do nothing. Mr. Bok, of the *Ladies' Home Journal*, has very ably and very truthfully put it distinctly up to us as being very largely responsible for the extent to which the nostrum evil has overwhelmed our country. Our inertia, our apathy and our failure to do our duty by the community are responsible for many things. Often the good work that a few men might do in a county is hindered or prevented by the petty jealousy of two or three men who will not do anything toward making an active county society themselves, nor will they permit the others to do what they should and would like to do. Is there no way of waking up those who are asleep? Is there no way of galvanizing a little life into some of our profession who are really two-thirds dead and don't know it?

None knows so well as the physician that it is not only wrong but dangerous to allow public health institutions to be political playthings. The average competent and reputable physician will not devote his time to "making good" with local politicians, nor to being a "good fellow" and a "glad hand artist" with the voters of his community merely to gain support that will eventually mean some political office. He is, as a rule, too busy with his study or his practice and he does not seem to realize that political work need not necessarily be done in the "glad hand" style. He thinks it must be so done, and so he wraps the ten talents of his influence in the covering of his self-esteem, and buries them; he allows his potential strength to lie dormant. It is true that there are many excellent physicians occupying political office and it is equally true that not all of them have secured such preferment by the "glad hand" method. Yet it is equally true that in the majority of cases where a considerable amount of "patronage" is concerned, positions do not go by professional worth, but because of voting influence. All this is, as we know full well, radically wrong. Public institutions for the care of the sick or afflicted should be under the management and control of the best in the profession of medicine, and not in the hands

of cheap politicians to be used for the maintenance of political prestige. This condition is presenting itself all over the United States. Very recently Dr. Frank Billings, of Chicago, appeared before the Illinois legislature and showed the solons of that state to what degradation the state institutions had fallen, through this system of political, rather than professional management. People get careless, morally as well as physically, and it is safe to say that not one voter in a thousand realizes just what the dangers of the present system of control for political aggrandizement mean to the sufferers in the care of the state. They do not know it, but we know it. Is it not our paramount duty to educate them?

How are we going to bring about any betterment of this condition of things? By helping to take the control of our state, EDUCATIONAL which is the Legislature, out CAMPAIGN. of the hands of cheap and unworthy politicians. And how

can we help in doing that? By showing the better element in our various communities the actual and definite harm that is resulting from political control of the sick, and the tremendous expense to the state of lack of proper sanitary control. How many citizens do you suppose, for instance, realize the direct commercial value of full control of our streams and rivers by the State Board of Health? How many business men realize the direct monetary value of compulsory vaccination? How many, even of those who are on school boards or are school teachers, realize the value to the prospective citizen of a careful examination of school children, particularly of their eyes and ears? How many realize the fact that under skilled management a good many cases of insanity may be relieved and the patients restored to health and self-support, whereas under unskilled management the same persons will go on to a chronic, incurable condition? How many parsons realize the terrible harm they do to innocent people when they give testimonials to "patent medicines?" County societies in other states are waking up to the importance of these things. In Boston a series of public lectures by prominent physicians has been given, and reports are to the effect that they have been very successful. Fortunately, in our own state some county societies have also seen the importance and the value to the community of instructing the laity. In Santa Barbara a meeting was held recently between the county society and those connected with the schools, and is said to have been very instructive. One of the southern counties held a meeting some months ago to which many prominent citizens were invited, and the subject of tuberculosis was discussed. We can not too strongly urge these meetings upon our county societies. Get in touch with the people of your community; let them know what the medical profession is trying to do for them; let them see the danger which is in ignorance; show them that the quack is a danger to them and does not hurt us. It will be found that a large proportion of lay-

men are very anxious to learn these things, but have always looked upon the knowledge of the physician as though it were esoteric wisdom, and not for the comprehension of ordinary folk. Show them the real meaning of medical ethics and they will be sympathetic where now they are but scoffers.

Doubtless but few of us realize as yet the tremendously valuable work which is being done for the medical profession of this country by the American **SUPPORT THE ASSOCIATION.** Medical Association, through its Council on Pharmacy and Chemistry. The work of the Council is entirely a labor of love. The Councillors receive no compensation, we believe, for the work which they are doing for us, and the actual expenses of doing the work, which are borne by the Association, must be very great. Shall all this work and this expense be thrown away? That is a question which the medical profession of the country must decide; it is up to you, individually, as much as to anyone else. Will you follow the work of the Council, recognize the frauds it discloses and bear them in mind; will you refuse to use or recommend any of the extra-pharmacopoeal preparations presented to you, unless they have passed the close scrutiny of the Council and received its approval? That, it would seem, is about the least that you as a self-respecting physician, can do in justice to yourself and your patient. Any remedial preparation that you do not find in the list of "new and non-official remedies," as issued by the Council, is one to look upon with suspicion; it *may* be a good and legitimate product, but the chances are that it is not, or that the proprietors have uttered exaggerated statements as to its value. The JOURNAL will print, every month, a list of all preparations approved by the Council. Look for it, study it, keep it handy for reference.

From the *Pennsylvania Medical Journal* we learn that one of the county medical societies of that state has had a meeting with the pharmacists and come to a most excellent agreement. The pharmacists have undertaken to stop dressing their windows with nostrum displays, to stop counter prescribing, to discourage the use of nostrums and "patent" medicines, and to refer patrons to physicians. On their part, the physicians have agreed to stop prescribing "proprietary" preparations so far as possible, to stop dispensing and to confine their prescriptions to preparations of the Pharmacopeia and the National Formulary. We certainly wish the physicians and pharmacists of Monessan County, Pennsylvania, every success in the carrying out of their undertaking. If such an agreement could be made, and then lived up to, in every county in the United States, everybody concerned, including the patient, would be better off. Are there not some active, wide awake county societies in California that will take this matter up?

REMARKS ON THE PRESENT STATUS OF INTRANASAL SURGERY.*

By LOUIS C. DEANE, M.D., San Francisco.

In the past six years such rapid strides have been made in intranasal surgery that those who have not kept in active touch with the workers in this field and with the literature, can hardly conceive the splendid progress that has been made and of the remarkable achievements of such men as Killian, Hajek, Jansen, Luc and Grunwald.

An altogether new era has dawned. A new field has been entered which has hitherto remained unexplored. New methods have been devised, with new instruments, to meet the demand. These seem sweeping assertions, but allow me a few words regarding nasal therapy and surgery of a few years ago, within the remembrance of us all, and practiced by the best.

First with regard to therapy. Sprays and douches were in great vogue and various aqueous, alkaline and stimulating oils were used with but little result; then came a long list of local applications, among them the silver salts, iodine, glycerin with ichthyol, tannin, salts of zinc, etc., again followed by little or no result; and so "catarrh" has been impressed upon the laity as being well-nigh incurable.

What chloroform and ether have been to the general surgeon, so cocain has made possible our present methods of intranasal surgery. It was first used in 1884, but ten years had to elapse before real accuracy and practice were acquired. With the aid of the active principle of the suprarenal capsule, which, with cocain, has made intranasal operations bloodless as well as painless, we have really entered upon a new era of surgery of the sinuses of the head.

First efforts were naturally directed to the removal of obstruction to the passage of air through the nose, and so the cautery, the snare, the saw and scissors constituted the most important part of the rhinologist's armamentarium. He reasoned that if the hindrance could be removed, it would have a checking influence on the discharge, which presumably came from the mucous membrane covering these parts.

The first ten years following the advent of cocain were devoted to removing polypi, sawing or burning off sharp septal spurs and the removal of inferior and middle turbinates. One can not deny that much relief was thus afforded which in most, though modified instances, is practiced today. In a large proportion of cases profuse muco-purulent discharge remained unabated or even increased. Prolonged and severe headaches which seemed only to point to that region were unaffected. It has remained for recent investigators to probe into the nasal sinuses as the real seat of purulent nasal discharge and conclude that chronic closed empyema of these sinuses is a most common cause for severe and persistent headaches.

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*Read before the San Francisco County Medical Society.